Office of the Secretary of State
Corporations & Charities Division
(360) 725 - 0377 | www.sos.wa.gov/corps
801 Capitol Way S, Olympia, WA 98504-0234

This Box For Office Use Only

FILED
Secretary of State
State of Washington
Date Filed: 06/27/2019
Effective Date: 06/28/2019
UBI No: 604 479 624

□ Filing Fee $180

□ Filing Fee with Expedited Service $230

Certificate of Formation
Limited Liability Company
RCW 25.15

Do you already have a UBI Number? (Check one) □ Yes ■ No If Yes, provide UBI # _____

If No, a new UBI# will be issued to you upon successful completion of the filing.

If you have previously filed with another state agency (for example, the Department of Revenue, the Department of Labor and Industries, or the Employment Security Department), you may already have a 9 digit UBI Number that you can enter above. Please do not enter the UBI Number of a Sole Proprietorship or General Partnership. If you do not have a UBI Number, please select "no" above and continue with the filing.

ENTITY NAME :

Does the entity have a name reserved? (Check one) □ Yes ■ No

If Yes, provide the Name Reservation Number and Name If No, provide only the name

Reservation Number: _____

Name: NINTENDO STUDIOS LLC

For name requirements review the following RCW(s): Limited Liability Company - RCW 23.95.305 (5)

PERIOD OF DURATION : Please check **ONE** of the following

■ This Company shall have a perpetual duration (default) □ This Company shall have a duration of _____ years.

□ This Company shall expire on _____

EFFECTIVE DATE: Please check **ONE** of the following:

□ Date of filing ■ Specify a Date 06/28/2019 cannot be more than 90 days following received date

Work Order #: 2019062700333516 - 1
Received Date: 06/27/2019
Amount Received: $230.00

REGISTERED AGENT:

Is the Registered Agent a Commercial Registered Agent? ■ Yes ☐ No

If Yes, provide the name of the Commercial Registered Agent: CT Corporation System

A Commercial Registered Agent is an entity or individual that is registered with the Office of the Secretary of State to receive legal documents on behalf of a corporation. A Commercial Registered Agent has the entities/individual's address on record with the office.

A Registered Agent consent is still required for a Commercial Registered Agent located below.

If No, please continue below

Please complete ONE type of Registered Agent below, be sure to include the name below the checked box. Then continue to provide the required street address. Mailing address if needed.

☐ **Individual**	☐ **Entity**	☐ **Office or Position**
First and last name of a Non-commercial Registered Agent. (Any person not registered as a Commercial Registered Agent.)	Name of a Non-commercial Registered Agent. (Any business not registered as a Commercial Registered Agent.)	List the Office or Position serves as agent. (Only if using the specific office or position as the registered agent, no matter who holds the position like: Secretary, Member or Treasurer.)

Phone: _____ Email: _____

Registered Agent Street Address (required)
(Must be a physical address No PO Box or PMB)

Country: United States **State: Washington**

Address : _____

Zip: _____ **City:** _____

Registered Agent Mailing Address (optional)
☐ **Check if mailing address is the same as street address**

Country: United States **State: Washington**

Address : _____

Zip: _____ **City:** _____

CONSENT TO SERVE AS REGISTERED AGENT - REQUIRED FOR ALL TYPES

I hereby consent to serve as Registered Agent in the State of Washington for the named entity. I understand it will be my responsibility to accept service of process, notices, and demands on behalf of the entity; to forward mail to the entity; and to immediately notify the Office of the Secretary of State if I resign or change the Registered Office Address.

Scott A. White — Scott White, Assistant Secretary — 6/27/2019

Signature of Registered Agent | Printed Name/Title | Date

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Principal Office Street Address (Must be a physical address; No PO Box or PMB)	Mailing Address (optional) ■ Check if mailing address is the same as street address.
Address: 4600 150th Ave. NE	**Address:**
Zip: 98052 **City:** Redmond	**Zip:** **City:**
State: WA **Country:** U.S.A.	**State:** **Country:**

Phone: (optional) _____ **Email:** (optional) _____

RETURN ADDRESS FOR THIS FILING: *(Optional)*

This address will be sent document(s) regarding this specific filing in addition to document (s) being sent to the Registered Agent's street/mailing address.

Attention to: _____

Email: _____

Address: _____

City _____ **State** _____ **Zip** _____

EXECUTOR INFORMATION:

Name, address, and signature required. Attach additional sheets if necessary.

This record is hereby executed under penalties of perjury, and is, to the best of my knowledge, true and correct.

Address: 4600 150th Ave. NE

City Redmond **State** WA **Zip** 98052

	Devon Pritchard	06/27/2019
Signature of Executor	**Printed Name/Title**	**Date**

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